PAGE 1 / 64

Image# 14952929001

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

	or Other Than A	II Autilolizet	Committee			Office Use Only	
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		mple: If typir r the lines.	ig, type	12FE4M5		
Protecting Choice in Ca	alifornia, a proje	ect of Plann	ed Parent	chood Affi	liates of C	California	
ADDRESS (number and street)	555 Capitol Mall, Su	ite 1425					
Check if different							
than previously reported. (ACC)	Sacramento				CA	95814	
2. FEC IDENTIFICATION NUI	MBER ▼	CITY 🛦		5	STATE A	ZIP CODE ▲	
C C00556860		3. IS THIS REPORT		IEW N) OR	X AN	IENDED	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)		May 20 (M5)		20 (M8) Nov 20 (M11) (Non-Election Year Only) 20 (M9) Dec 20 (M12) (Non-Election	
(a) Quarterly Reports:		Apr 20 (M4)	- F	lul 20 (M7)	Oct	Year Only) 20 (M10) Jan 31 (YE)	
April 15 Quarterly Report (Q1	(c) 12-Day	Αρι 20 (ΙΝΙ+)	Primary (12P		General		
July 15 Quarterly Report (Q2	PRE-Elec Report for		Convention (12C)	Special (12S)	
Cottober 15 Quarterly Report (Q3 January 31	3)		M = M /	D D /	Y . Y . Y . Y	in the	
Year-End Report (YE		Election on				State of	
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Ele Report for		General (300	a)	Runoff (3	Special (30S)	
Termination Report (TER)	neport for	Election on	M - M /	D = D /	Y	in the State of	
5. Covering Period 07	/ 01 / Y	2014	through	09	/ 30 /	2014	
I certify that I have examined this	s Report and to the	best of my kno	wledge and b	elief it is tru	e, correct and	d complete.	
certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Kathleen Cogan							
Signature of Treasurer Kathle	en Cogan		[Electronically	Filed] D	ate 12	/ DD D / YDY YDY 2014	
NOTE: Submission of false, erroned	ous, or incomplete inf	ormation may su	ubject the pers	son signing th	is Report to th	ne penalties of 2 U.S.C. §437g.	
Office Use Only						FEC FORM 3X Rev. 12/2004	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
(a	January 1, 2014		105901.09
(t	O) Cash on Hand at Beginning of Reporting Period	119870.57	
(0	e) Total Receipts (from Line 19)	212414.74	408487.48
(0	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	332285.31	514388.57
To	otal Disbursements (from Line 31)	165675.37	241877.54
R	ash on Hand at Close of eporting Period subtract Line 7 from Line 6(d))	166609.94	166609.94
th	ebts and Obligations Owed TO le Committee (Itemize all on chedule C and/or Schedule D)	0.00	
th	ebts and Obligations Owed BY se Committee (Itemize all on chedule C and/or Schedule D)	75561.19	

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

is Period Calendar Year-to-Date 175730.00 225680 0.00 435 175730.00 226115 0.00 36351.00 212081.00 388301 0.00 0 0.00 0 0.00 0 333.74 20186
0.00 435 175730.00 226115 0.00 36351.00 162186 212081.00 388301 0.00 0
0.00 435 175730.00 226115 0.00 36351.00 162186 212081.00 388301 0.00 0
0.00 435 175730.00 226115 0.00 36351.00 162186 212081.00 388301 0.00 0
175730.00 226115 0.00 36351.00 162186 212081.00 388301 0.00 0
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36351.00 162186 212081.00 388301 0.00 0 0.00 0
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333.74 20186
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0.00
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0.00
0.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	sbursements	COLUMN B Calendar Year-to-Date		
	nditures: —— Federal/Non-Federal In Schedule H4)	Total This Period	Tailongal Tour to Butto	
• ,	al Share	0.00	0.00	
()	-			
` '	ederal Share	0.00	0.00	
	eral Operating	100581.29	173295.48	
-	esating Expenditures	100361.29	173293.40	
	(i), (a)(ii), and (b))▶	100581.29	173295.48	
	iliated/Other Party			
		0.00	0.00	
Contributions to Federal Candid and Other Polit	ates/Committees	0.00	0.00	
Independent Ex	penditures			
(use Schedule	E)	37978.12	37978.12	
Coordinated Pa (2 U.S.C. §441	rfy Expenditures a(d)) F)	0.00		
(use Schedule	F)	0.00	0.00	
Loan Repayme	nts Made	0.00	0.00	
Loans Made Refunds of Cor	stributions To:	0.00	0.00	
(a) Individuals	Persons Other	0.00	0.00	
Than Politi	cal Committees	0.00	0.00	
(b) Political Pa	arty Committees	0.00	0.00	
	ical Committees	7		
(such as P	ACs)	0.00	0.00	
(d) Total Contr	ibution Refunds			
` '	28(a), (b), and (c))▶	0.00	0.00	
(444 = 11100	20(0), (0), and (0),			
Other Disburse	nents	27115.96	30603.94	
	Activity (2 U.S.C. §431(20))			
(a) Allocated F	ederal Election Activity			
	Share	0.00	0.00	
(.)				
(ii) "Levin"	Share	0.00	0.00	
(b) Federal Ele	ection Activity Paid Entirely			
	ederal Funds	0.00	0.00	
` '	ral Election Activity (add	0.00	0.00	
Lines 30(a	a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00	
Total Dishursen	nents (add Lines 21(c), 22,			
	27, 28(d), 29 and 30(c))	165675.37	241877.54	
-, ,,,	, - (-),	7	241071.3	
Total Federal D	isbursements			
	11(a)(ii) and Line 30(a)(ii)			
from Line 31)	▶	165675.37	241877.54	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

1 20 1 01111 0X (1101: 02/2000)	Lo Form 3x (Nev. 02/2003)				
III. Net Contributions/Operating Expenditures					
3. Total Contributions (other than loans) (from Line 11(d), page 3)	212081.00	388301.09			
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00			
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	212081.00	388301.09			
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	100581.29	173295.48			
7. Offsets to Operating Expenditures (from Line 15, page 3)	333.74	20186.39			
3. Net Operating Expenditures (subtract Line 37 from Line 36)	100247.55	153109.09			

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOF					PAGE		6	OF	64
(check only one)									
X	11a		11b		11c		12	2	
	13		14		15		16	6	17

	e name and address of any political committee to	
NAME OF COMMITTEE (In Full) Protecting Choice in California,	a project of Planned Parenthood	Affiliates of California
Full Name (Last, First, Middle Initial) Planned Parenthood Action Fund of Santa Barba	ra, Ventura and San Luis Obispo Counties, Inc	Date of Receipt
Mailing Address 518 Garden Street		09 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : NONA588
Santa Barbara	CA 93101	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	In-kind; Staff Time; 9/1 - 9/30
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Planned Parenthood Affiliates of Ca	lifornia	Date of Receipt
Mailing Address 555 Capitol Mall, Suite 510		08 11 2014
City	State Zip Code	Transaction ID : INCA102
Sacramento	CA 95814	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30000.00
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 221321.39	
Full Name (Last, First, Middle Initial) Planned Parenthood Affiliates of (California	Date of Receipt
Mailing Address 555 Capitol Mall, Suite 510		09 08 2014
City Sacramento	State Zip Code CA 95814	Transaction ID : INCA154 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50000.00
Name of Employer	Occupation	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 221321.39	
SUBTOTAL of Receipts This Page (optional)		80400.00
TOTAL This Period (last page this line number	only)	

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

				PAGE		7	OF	64	
(check only one)									
X	11a		11b		11c		12		
	13		14		15		16	;	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Protecting Choice in California	, a project of Planned Parenthood	Affiliates of California
Full Name (Last, First, Middle Initial) Planned Parenthood Affiliates of Cali	fornia	Date of Receipt
Mailing Address 555 Capitol Mall, Suite 510	09 18 2014	
City Sacramento	State Zip Code CA 95814	Transaction ID : INCA232 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	65000.00
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 221321.39	
Full Name (Last, First, Middle Initial) Planned Parenthood Affiliates of Communication Mailing Address 555 Capitol Mall, Suite 510	alifornia	Date of Receipt
City Sacramento	State Zip Code CA 95814	09 23 2014 Transaction ID : INCA256 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	30330.00
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 221321.39	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	Allount of Each receipt this Fellou
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)		95330.00
TOTAL This Period (last page this line number	only)	175730.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

		PAGE 8 OF 64				
Use separate schedule(s)	(check only one)					
for each category of the Detailed Summary Page	11a 11b X	11c 12				
Dotailed Callinary Lage	13 14 1	15 16 17				
not be sold or used by any person for the purpose of soliciting contributions dress of any political committee to solicit contributions from such committee.						
of Planned Parenthood Affiliates of California						

			13 14 15 16 17			
Ar or	by information copied from such Reports and Stator commercial purposes, other than using the	atements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.			
\rangle	NAME OF COMMITTEE (In Full) Protecting Choice in California, a	a project of Planned Parenthood A	Affiliates of California			
١.		anned Parenthood Advocacy Project Los Angeles County Action Fund				
	Mailing Address 555 Capitol Mall, Suite 1425 City	State Zip Code	09 16 2014 Transaction ID : INCA228			
	Sacramento	CA 95814	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	23189.00			
	Name of Employer	Occupation				
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 43209.00				
3.	Full Name (Last, First, Middle Initial) Planned Parenthood Advocacy Proje Mailing Address 555 Capitol Mall, Suite 1425	ect Los Angeles County Action Fund	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City	State Zip Code	Transaction ID : INCA255			
	Sacramento	CA 95814	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	3162.00			
	Name of Employer	Occupation				
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 43209.00				
).	Full Name (Last, First, Middle Initial) Planned Parenthood of Orange and San Berna	ardino Counties Community Action Fund PAC	Date of Receipt			
	Mailing Address 555 Capitol Mall, Suite 1425		09 08 2014			
	City Sacramento	State Zip Code CA 95814	Transaction ID : INCA226			
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 10000.00			
	Name of Employer	Occupation				
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 23652.00				
s	UBTOTAL of Receipts This Page (optional)	-	36351.00			
Т	OTAL This Period (last page this line number o	only)	36351.00			
-						

S 17

C-	NIEDIUE A. /EEO E OY			
50	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 9 OF 64 (check only one)
ITEMIZED RECEIPTS			for each category of the	
			Detailed Summary Page	11a 11b 11c 12 13 14 X 15 16 17
Ar	ny information copied from such Reports and St for commercial purposes, other than using the	atements mand a	ay not be sold or used by any ponderess of any political committee	erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
	Protecting Choice in California,	a project	of Planned Parenthoo	d Affiliates of California
Α.	Full Name (Last, First, Middle Initial) Planned Parenthood Affiliates of California	ornia		Date of Receipt
	Mailing Address 555 Capitol Mall, Suite 510			M M / D D / Y Y Y Y Y
	City	State	Zip Code	08 04 2014 Transaction ID : INCA101
	Sacramento	CA	95814	Amount of Each Receipt this Period
	FEC ID number of contributing	С		333.74
	federal political committee.	U .		
	Name of Employer	Occupation	1	Refund of Electoral Service Contract Expense
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		221321.39	1
	Other (specify) ▼		221321.39	
_	Full Name (Last, First, Middle Initial)			
В.	1 1 (111, 11, 111,			Date of Receipt
	Mailing Address			M = M / D = D / Y = Y = Y
	City	Ctata	7:- Cada	_
	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		
	Name of Employer	Occupation	1	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	, iggi ogalo	Total to Bato V	1
	Other (specify) ▼		<u> </u>	
С .	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address			M = M / D = D / Y = Y = Y
	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing			Amount of Lacif Receipt this Fellow
	federal political committee.	C		
	Name of Employer	Occupation	1	
	Receipt For:	Aggregato	Year-to-Date ▼	
	Primary General	Aggregate	וכמו־וט־טמופ ▼	
	Other (specify) ▼	L		
г				
s	UBTOTAL of Receipts This Page (optional)			333.74

TOTAL This Period (last page this line number only).....

333.74

SCHEDUL	E B (FEC Form 3X)		FOR LINE NUMBER: PAGE 10 O					
ITEMIZED	DISBURSEMENTS	Use separate schedule(s for each category of the	(check only	y one)				
		Detailed Summary Page		22 23 28a 28b	24 25 26 30b			
Any information	n copied from such Reports and State	ments may not be cold or						
	cial purposes, other than using the na							
I \	COMMITTEE (In Full)							
Protectii	ng Choice in California, a	project of Planned F	Parenthood	Affiliates of California				
	Last, First, Middle Initial)							
A. AMS Co	ommunications, Inc.			Date of Disburs				
Mailing Add	ress 500 Sansome Street, Suite 404			1	12 2014			
City		State Zip Code		Transaction II	1 · EXDR222			
San Francis	co Disbursement	CA 94111		- ITAIISACIIOITIL	J. LAI BEEE			
	ers Non Federal Expense		006	Amount of Each	Disbursement this Period			
Candidate N	Name		Category/		3900.00			
Office Soug	ht: House Disburse	ement For:	Type		3000.00			
Cilioc Gody	Senate	Primary General						
	President	Other (specify) ▼						
State:	District:							
	(Last, First, Middle Initial) Dmmunications, Inc.			Date of Disburs	ement			
AIVIO CC	Jiiiiiuiiioaliulis, IIIo.				D / Y Y Y Y			
Mailing Add	ress 500 Sansome Street, Suite 404			09	26 2014			
City San Francis		State Zip Code CA 94111		Transaction II	D : EXPB279			
Purpose of	Disbursement	J#111		-				
Mailer	I		24A	Amount of Each	Disbursement this Period			
Candidate N	name		Category/ Type		5055.00			
Office Soug	ht: House Disburse	ement For: 2014	71		,			
	Senate	Primary General						
State:	President District:	Other (specify) ▼						
	(Last, First, Middle Initial)							
C. AMS Co	ommunications, Inc.			Date of Disburs	ement			
Mailing Add	ress 500 Sansome Street, Suite 404			1	26 2014			
waning Add	Jule 404				2017			
City		State Zip Code		Transaction II	D : EXPB395			
San Francis Purpose of	Disbursement	CA 94111		-				
Mailers No	n Federal Expense		004	Amount of Each	Disbursement this Period			
Candidate N	Name		Category/		14315.00			
Office Soug	ht: House Disburse	ement For:	Туре					
9	Senate	Primary General						
	President	Other (specify) ▼						
State:	District:							
SUBTOTAL	f Disbursements This Page (optional).				23270.00			
- COSTOTAL O	. Dissaisomonio Tilis i age (optioliai).							
TOTAL This F	Period (last page this line number only	y)						

1mage# 14952929011 PAGE 11 / 64

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: SB21B Transaction ID: EXPB279

Payment for independent expenditure disseminated in subsequent period

Form/Schedule: Transaction ID:

S 17

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 12 OF										
·	Use separate schedule(s)	le(s) (check only one)										
ITEMIZED DISBURSEMENTS	for each category of the	Crieck only	22 23 24 25 26									
	Detailed Summary Page											
Γ		27	28a 28b 28c 29 30b									
Any information copied from such Reports and Stater	nents may not be sold or use	ed by any perso	on for the purpose of soliciting contributions									
or for commercial purposes, other than using the nan	ne and address of any politic	al committee to	solicit contributions from such committee.									
NAME OF COMMITTEE (In Full)												
Protecting Choice in California, a p	roject of Planned Pa	arenthood /	Affiliates of California									
			_									
Full Name (Last, First, Middle Initial)												
A. AMS Communications, Inc.			Date of Disbursement									
			M M / D D / Y Y Y Y									
Mailing Address 500 Sansome Street, Suite 404			09 26 2014									
011												
,	State Zip Code		Transaction ID : EXPB277									
San Francisco	CA 94111											
Purpose of Disbursement Mailer		245	Assessed of Foods Biolesses and this Boston									
		24E	Amount of Each Disbursement this Period									
Candidate Name		Category/	10110.00									
000		Туре										
	nent For: 2014											
Senate	Primary General											
President	Other (specify) ▼											
State: District:												
Full Name (Last, First, Middle Initial)												
B. Blueprint Interactive			Date of Disbursement									
			M M / D D / Y Y Y Y									
Mailing Address 1155 Connecticut Avenue, NW			09 09 2014									
Suite 601												
,	State Zip Code		Transaction ID : EXPB155									
Washington	DC 20036											
Purpose of Disbursement Online Ads		244	Amount of Fools Dishumon and this David									
		24A	Amount of Each Disbursement this Period									
Candidate Name		Category/	6000.00									
065		Туре										
Office Sought: House Disburser												
Senate	Primary General											
President	Other (specify) ▼											
State: District:												
Full Name (Last, First, Middle Initial)			B (B) .									
C. Blueprint Interactive			Date of Disbursement									
			M M / D D / Y Y Y Y Y									
Mailing Address 1155 Connecticut Avenue, NW			09 09 2014									
Suite 601	Otata 7:- 0 - 1											
•	State Zip Code DC 20036		Transaction ID : EXPB210									
Washington Purpose of Disbursement	DC 20036											
Online Advertisements - Non Federal Expense		004	Assessed of Foods Bloke									
Candidate Name			Amount of Each Disbursement this Period									
Caradato Harro		Category/	12000.00									
Office Sought: House Disburser	nent For:	Туре	7 7 7									
Senate Disburser	Primary General											
President	Other (specify)											
State: District:	outer (opeony) ▼											
Oldio. District.												
AUDTOTAL (BL)			28110.00									
SUBTOTAL of Disbursements This Page (optional)		······	20110.00									
TOTAL This Period (last page this line number only)												

1mage# 14952929013 PAGE 13 / 64

: 97 'A = G7 9 @ G5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: SB21B Transaction ID: EXPB277

Payment for independent expenditure disseminated in subsequent period

Form/Schedule: SB21B Transaction ID: EXPB155

Payment made in current period for independent expenditure disseminated in subsequent period

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 14 OF			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(orleast orliny			
	Detailed Summary Page	X 21b	22 23 28b	24 25 26 28c 29 30b	
Any information copied from such Reports and Statem or for commercial purposes, other than using the name					
NAME OF COMMITTEE (In Full)					
Protecting Choice in California, a pr	roject of Planned P	arenthood A	Affiliates of Cali	fornia	
Full Name (Last, First, Middle Initial)					
A. Blueprint Interactive			Date of Disburseme	ent	
Mailing Address 1155 Connecticut Avenue, NW Suite 601			09 09	2014	
	tate Zip Code			-VDD 45-	
. rusg.s.	DC 20036		Transaction ID:	EXPB15/	
Purpose of Disbursement Online Ads		24E	Amount of Each Di	sbursement this Period	
Candidate Name		Category/		6000.00	
		Type		6000.00	
Office Sought: House Disbursem					
	Primary General Other (specify) ▼				
State: District:	oution (opcomy)				
Full Name (Last, First, Middle Initial)					
B. Lake Research Partners, Inc.			Date of Disburseme		
Mailing Address 1726 M Street, NW, Suite 100			09 10	2014	
City S	tate Zip Code				
•	DC 20036		Transaction ID : I	EXPB258	
Purpose of Disbursement Polling; Costs to be reimbursed by Planned Parenth	ood Action Fund Pacific	005	Assessment of Foods Di	ahaanaan Mala Dariad	
Southwest Candidate Name	Ood Action Fund Facility	005	Amount of Each Di	sbursement this Period	
Candidate Name		Category/ Type		682.50	
Office Sought: House Disbursem	ent For:	Турс		,	
	Primary General				
President	Other (specify) ▼				
State: District:					
Full Name (Last, First, Middle Initial)					
C. Lake Research Partners, Inc.			Date of Disburseme	_	
Mailing Address 1726 M Street, NW, Suite 100			09 10	2014	
Maining Addition 1720 W Officet, 1444, Outle 100					
•	tate Zip Code		Transaction ID : I	=YPR220	
	DC 20036		Transaction ib . I	LAI BEEV	
Purpose of Disbursement Polling Non Federal Expense		005			
Candidate Name			Amount of Each Di	sbursement this Period	
		Category/ Type		9552.50	
Office Sought: House Disbursem	ent For:				
	Primary General				
State: District:					
CURTOTAL of Diaburacements This David (antique)				16235.00	
SUBTOTAL of Disbursements This Page (optional)		·····		,	
TOTAL This Period (last page this line number only).					

1mage# 14952929015 PAGE 15 / 64

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: SB21B Transaction ID: EXPB157

Payment made in current period for independent expenditure disseminated in subsequent period

Form/Schedule: Transaction ID:

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 16 O						
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)					
	Detailed Summary Page	X 21b	22 23 28b	24 25 26 28c 29 30b				
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Any information copied from such Reports and State or for commercial purposes, other than using the								
NAME OF COMMITTEE (In Full)								
Protecting Choice in California, a	a project of Planned Pa	arenthood A	Affiliates of Cali	fornia				
Full Name (Last, First, Middle Initial)								
A. Lake Research Partners, Inc.			Date of Disburseme	ent				
Mailing Address 1726 M Street, NW, Suite 100			09 10	2014				
City	State Zip Code		Transaction ID : I	EXPB260				
Washington Purpose of Disbursement	DC 20036							
Polling; Costs to be reimbursed by Planned Par	enthood Action Fund Pacific	005	Amount of Each Di	sbursement this Period				
Candidate Name		Category/ Type		682.50				
Office Sought: House Disbut	rsement For: Primary General							
President	Other (specify) ▼							
State: District:								
Full Name (Last, First, Middle Initial) B. Planned Parenthood Action Fun	d		Date of Disburseme	ent				
			M = M / D = D	/				
Mailing Address 1110 Vermont Avenue, NW, So	uite 300		09 12	2014				
City Washington	State Zip Code DC 20005		Transaction ID :	EXPB231				
Purpose of Disbursement	20000							
Mobile Voter Guide Non Federal Expense		004	Amount of Each Di	sbursement this Period				
Candidate Name		Category/ Type	7	235.00				
Office Sought: House Disbut	sement For:							
Senate	Primary General							
President State: District:	Other (specify) ▼							
Full Name (Last, First, Middle Initial)								
C. Planned Parenthood Action Fund of Santa Barba	ara, Ventura and San Luis Obispo	Counties, Inc	Date of Disburseme	ent				
Mailing Address 518 Garden Street			09 01	2014				
City	State Zip Code		Transaction ID : I	FYPR589				
Santa Barbara Purpose of Disbursement	CA 93101		Transaction iD . I					
Specific receipt is for an independent expenditure	re e	001	Amount of Each Di	sbursement this Period				
Candidate Name		Category/ Type	Autourt of East Bi	-400.00				
Office Sought: House Disbut	sement For:	:770						
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President	Other (specify) ▼							
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SUBTOTAL of Disbursements This Page (optional	 il)			517.50				
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SCHEDULE B (FEC Form 3X)			FOR LINE		PAGE 17 OF 64						
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(oricon oring		¬ —						
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NAME OF COMMITTEE (In Full)											
Protecting Choice in California, a	oroject o	f Planned P	arenthood	Affiliates	of Califo	rnia					
Full Name (Last, First, Middle Initial)											
A. Planned Parenthood Action Fund of Santa Barbara	, Ventura an	d San Luis Obisp	o Counties, Inc	Date of D	isbursemen	t					
Mailing Address 518 Garden Street				09 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
City	State	Zip Code									
Santa Barbara	CA	93101		Transac	tion ID : NC	NB588					
Purpose of Disbursement In-kind; Staff Time; 9/1 - 9/30				Amount o	f Each Disb	bursement this Period					
Candidate Name			Category/ Type		4	4	400.00				
Office Sought: House Disburse	ment For:	l	71		,	,					
Senate	Primary	General									
State: District:	Other (spe	cify) 🔻									
Full Name (Last, First, Middle Initial)											
B. Planned Parenthood Affiliates of C	alifornia	1		Date of D	isbursemen	t					
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Mailing Address 555 Capitol Mall, Suite 510				07	07	201					
City	State	Zip Code		Transac	tion ID : EX	PB92					
Sacramento Purpose of Disbursement	CA	95814									
Fundraising Expenses Non Federal Expense			003	Amount o	f Each Disb	ursement th	nis Period				
Candidate Name			Category/								
			Type		7		943.78				
	ment For:										
Senate	Primary	General									
President State: District:	Other (spe	спу) 🔻									
Full Name (Last, First, Middle Initial)											
C. Planned Parenthood Affiliates of C	California	l		Date of D	isbursemen	t					
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Mailing Address 555 Capitol Mall, Suite 510				07	07	2014	4				
City	State	Zip Code		_							
Sacramento	CA	95814		Transac	tion ID : EX	PB91					
Purpose of Disbursement Travel Expenses Non Federal Expense			002	Amount o	f Each Disb	ursement th	nis Period				
Candidate Name			Category/	7 tillount o	- Luoii Biob						
000			Type		7		200.00				
Office Sought: House Disburse Senate	ement For:	General									
President	Primary Other (spe										
State: District:	Janor (ope	<i>J</i> / ▼									
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S	CHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 18 C			OF 64				
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\setminus	NAME OF COMMITTEE (In Full)										
	Protecting Choice in California, a p	roject of	Planned Pa	arentho	ood /	Affiliate	s of C	alifo	rnia		
_	Full Name (Last, First, Middle Initial)										
Α.	Planned Parenthood Affiliates of Ca	alifornia		Date of Disbursement							
	Mailing Address 555 Capitol Mall, Suite 510			07 17 2014							
		state	Zip Code			Trans	saction II) · FX	PB93		
	Sacramento Purpose of Disbursement	CA	95814			Trunc	oudilon is) . <u>L</u> A	. 500		
	Salaries Non Federal Expense			001		Amoun	t of Each	n Disb	urseme	nt this	Period
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	Office Sought: House Disbursen	ent For:		Туре			- 1	_	7		
		Primary	General								
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В	Full Name (Last, First, Middle Initial)					Data a	f Diaha				
В.	Planned Parenthood Affiliates of Ca	alifornia				Date o	f Disburs				
	Mailing Address 555 Capitol Mall, Suite 510	ing Address 555 Capitol Mall, Suite 510				07		22		2014	Y
	City	State	Zip Code			Trans	saction II	D : EX	PB94		
	Sacramento Purpose of Disbursement	CA	95814								
	Electoral Service Contract Expense Non Federal Ex	pense		007		Amoun	t of Each	n Disb	urseme	nt this	Period
	Candidate Name			Catego	ry/					200	0.74
				Туре			7	-	7	33	3.74
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		Other (speci									
	State: District:	(0)	· <i>y</i> / \								
	Full Name (Last, First, Middle Initial)										
C.	Planned Parenthood Affiliates of Ca	alifornia				Date o	f Disburs	emen	t		
	Mailing Address 555 Capitol Mall, Suite 510					08		07		2014	Y
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		state	Zip Code			Trans	saction II	D : EX	PB98		
	Sacramento Purpose of Disbursement	CA	95814						-		
	Staff Time, Office Expenses, Travel, and Campaign	Consulting fo	r Field	007		Amoun	t of Each	n Dish	urseme	nt this	Period
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	ny information copied from such Reports and Staten for commercial purposes, other than using the name											
\setminus	NAME OF COMMITTEE (In Full)											
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_	Full Name (Last, First, Middle Initial)					5.						
Α.		alifornia	<u> </u>			Date	of D	isburse			YY	Υ
	Mailing Address 555 Capitol Mall, Suite 510					08	3	0	7		2014	
	•	State CA	Zip Code			Tra	nsact	tion ID	: EX	PB97		
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		Other (spe										
	State: District:	(-1	- 3 / \									
	Full Name (Last, First, Middle Initial)											
В.	Planned Parenthood Affiliates of C	alifornia	l			Date	of D	isburse	men		Y	V
	Mailing Address 555 Capitol Mall, Suite 510					0	3		7	/ L_	2014	
	•	State	Zip Code			Tra	nsac	tion ID	: EX	PB95		
	Sacramento Purpose of Disbursement	CA	95814			_						
	Campaign Consulting for Electoral Activities Non Fe	ederal Expe	ense	00	i	Amoi	unt of	Each	Disb	urseme	ent this	Period
	Candidate Name			Categ Typ				,		,	25	0.00
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C.	Planned Parenthood Affiliates of Ca	alifornia	l			Date	of D	isburse				
	Mailing Address 555 Capitol Mall, Suite 510					O8	3	0.		/ Y	2014	Y
	City	State	Zip Code			T		ID		DDOO		
	Sacramento	CA	95814			Ira	nsac	tion ID	: EX	PB96		
	Purpose of Disbursement Meeting Expense for Electoral Activities Non Federa	al Expense		00		A		h	D:-b		م: ملد خمد	Daviad
	Candidate Name			Categ	ory/	Amol	int of	Each	DISD	urseme	ent this	5.10
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SCHEDULE B (FEC Form 3X)	Han seement	ala a al : I = / .	FOR LINE NUMBER:				20 OF	64
ITEMIZED DISBURSEMENTS	Use separate so for each categorial Detailed Summa	ry of the	(check only 21b	one)	23	24	25	26
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NAME OF COMMITTEE (In Full)) h :a.						
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Full Name (Last, First, Middle Initial)				Data of F	\:abaa.a.			
A. Planned Parenthood Affiliates of C	alifornia			Date of L	Disburseme		Y Y	-
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	State Zip C			Transac	tion ID : E	XPB100		
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Staff Time, Office Expenses, Travel, and Campaign	Consulting for Field	d E	007	Amount o	f Each Dis	bursemen	t this Pe	riod
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President	Other (specify)							
State: District:	• · · · · · · · · · · · · · · · · · · ·							
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B. Planned Parenthood Affiliates of C	alifornia			Date of D	Disburseme	nt		
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City	State Zip C	Code		Transa	tion ID : E	XPR99		
Sacramento Purpose of Disbursement	CA 9581	4						
Staff Time, Office Expenses, Travel, and Campaign	Consulting for Field	d	007	Amount o	of Each Dis	bursemen	t this Pe	riod
Candidate Name			Category/	-				-
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Office Sought: House Disbursen								
Senate	,	General						
President State: District:	Other (specify) ▼	•						
Full Name (Last, First, Middle Initial)								
C. Planned Parenthood Affiliates of Ca	alifornia			Date of D	Disburseme	nt		
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Mailing Address 555 Capitol Mall, Suite 510				09	03	2	014	_
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Sacramento	CA 9581	4		1141154	, LION ID . E	AFDZZ3		
Purpose of Disbursement Campaign Consulting for Field Program Non Federa	al Expense	1.0	001		, E . D:			
Candidate Name	-			Amount	f Each Dis	bursemen	t this Pe	riod
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ITEMI	ZED DISBURSEMENTS		arate schedule(s) category of the	(Onlook on	,			٦ ٥٠			
			Summary Page	X 21b 27	22 28a	23 28b	24 28c	25 29	26 30b		
Any info	rmation copied from such Reports and State	ments may	not be sold or us	sed by any pers	son for the	ourpose of s	oliciting co	ontribut	ions		
	ommercial purposes, other than using the na	me and add	ress of any politi	cal committee t	o solicit cor	tributions fro	m such c	ommitte	эе.		
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/	tecting Choice in California, a	orojeci o	i Flatilieu F	areninood	Ailliale	s or Calli	Oma				
_	Name (Last, First, Middle Initial)) a lifa mai a			Date of Disbursement						
^. Pla	nned Parenthood Affiliates of C	Jailtornia	1		09 03 2014						
Mailir	ng Address 555 Capitol Mall, Suite 510										
City		State	Zip Code		Transa	action ID : E	XPB224				
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City	amento	State CA	Zip Code 95814		Trans	action ID : E	XPB214				
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	ce Materials Field Program Non Federal Exper	nse		001	Amount	of Each Dis	sbursemen	t this F	eriod		
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State											
_	Name (Last, First, Middle Initial) nned Parenthood Affiliates of C	alifornia	,		Date of	Disburseme	ent				
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Sacra	amento	CA	95814		Trans	action ID : E	:XPB212				
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				Category/ Type				2234.	.88		
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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 22 O								
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Any information copied from such Reports and Staten	anto may not be cold or i									
or for commercial purposes, other than using the name										
NAME OF COMMITTEE (In Full)										
Protecting Choice in California, a p	roject of Planned F	Parenthood	Affiliates of California							
Full Name (Last, First, Middle Initial)										
A. Planned Parenthood Affiliates of C	alifornia		Date of Disbursement							
Mailing Address 555 Capitol Mall, Suite 510			09 10 2014							
•	State Zip Code		Transaction ID : I	=XPB213						
Sacramento Purpose of Disbursement	CA 95814		Transaction 12 1 1	-A. 52.10						
Office Expenses for Field Program Non Federal Exp	pense	001	Amount of Each Di	sbursement this Period						
Candidate Name		Category/ Type		113.59						
Office Sought: House Disburser	nent For:	71	,	,						
Senate	Primary General									
State: District:	Other (specify) ▼									
Full Name (Last, First, Middle Initial)										
B. Planned Parenthood Affiliates of C	alifornia		Date of Disburseme	ent						
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Mailing Address 555 Capitol Mall, Suite 510			09 11	2014						
City	State Zip Code		Transaction ID : I	FXPR218						
Sacramento Purpose of Disbursement	CA 95814									
Consulting & Office Expenses for Field Program No	n Federal Expense	001	Amount of Each Di	sbursement this Period						
Candidate Name		Category/								
		Type		2001.36						
Office Sought: House Disbursen										
Senate President	Primary General Other (specify) ▼									
State: District:	Other (specify)									
Full Name (Last, First, Middle Initial)										
C. Planned Parenthood Affiliates of Ca	alifornia		Date of Disburseme	ent						
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Mailing Address 555 Capitol Mall, Suite 510			09 11	2014						
City	State Zip Code		Transaction ID : I	EVDD217						
	CA 95814		Transaction iD . I	EAPB211						
Purpose of Disbursement Staff Time for Field Program Non Federal Expense		001								
Candidate Name			Amount of Each Di	sbursement this Period						
		Category/ Type		2137.50						
Office Sought: House Disburser	nent For:									
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President										
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S	CHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 23 (OF 64						
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\setminus	NAME OF COMMITTEE (In Full)												
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_	Full Name (Last, First, Middle Initial)												
Α.	Planned Parenthood Affiliates of Ca	alifornia			Date of Disbursement								
	Mailing Address 555 Capitol Mall, Suite 510					09 11 2014							
	City		Zip Code			Trans	action II) · E	: EXPB216				
	Sacramento Rurness of Dishursement	CA 9	95814			ITAIIS	action	J. L.	AI DZ IO				
	Purpose of Disbursement Staff Time for Field Program Non Federal Expense			001		Amoun	t of Each	n Dis	burseme	nt this	Period		
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		Primary	General										
		Other (specify	∀										
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R	Full Name (Last, First, Middle Initial) Political Data, Inc.					Date of	Disburs	emai	nt				
٠.	Political Data, Inc.					M M		D D		Y	Y		
	Mailing Address P.O. Box 59570					09 05 2014							
	City S Norwalk		Zip Code 90652			Trans	action II	D : E	XPB234				
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	Data File Non Federal Expenses			005		Amoun	t of Each	n Dis	burseme	nt this	Period		
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	Mailing Address P.O. Box 59570					09		05		2014			
	,		Zip Code			Trans	action II	D · F	YPR233				
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SCHEDULE B (FEC Form 3X)		, FOR LINE	FOR LINE NUMBER: PAGE 24 OF							
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(oricon orin)	· — · —							
	Detailed Summary Page		22 23 28a 28b	24 25 26 28c 29 30b						
Any information copied from such Reports and State	ments may not be sold or a									
or for commercial purposes, other than using the na										
NAME OF COMMITTEE (In Full)										
Protecting Choice in California, a	project of Planned F	Parenthood	Affiliates of Ca	lifornia						
Full Name (Last, First, Middle Initial)										
A. Political Data, Inc.			Date of Disbursement							
Mailing Address P.O. Box 59570			09 / 10 / 2014							
City	State Zip Code		Transaction ID	EYDR210						
Norwalk	CA 90652		Transaction iD	. EXPD219						
Purpose of Disbursement Data File Non Federal Expense		005	Amount of Each I	Disbursement this Period						
Candidate Name		Category/		770000						
	_	Type		7500.00						
Office Sought: House Disburse Senate	ement For:									
President	Primary General Other (specify)									
State: District:	- · · · · · · · · · · · · · · · · · · ·									
Full Name (Last, First, Middle Initial)										
B. Wagaman Strategies			Date of Disburser	ment						
Moiling Address 200 M			M M / D							
Mailing Address 886 Metal Lane			09 01	2014						
City	State Zip Code		Transaction ID	: EXPB225						
West Sacramento Purpose of Disbursement	CA 95691	I								
Campaign Consulting; 8/1 - 8/31 Non Federal Exp	ense	001	Amount of Each I	Disbursement this Period						
Candidate Name		Category/		4000.75						
Office Cought		Туре		1093.75						
Office Sought: House Disburse Senate	ement For:									
President	Primary General Other (specify) ▼									
State: District:										
Full Name (Last, First, Middle Initial)										
C. James Wisley			Date of Disburser	ment						
Mailing Address 4570 Propost Avenue			09 10							
Mailing Address 1570 Prospect Avenue			09 10	2014						
City	State Zip Code		Transaction ID	: EXPB221						
Hermosa Beach Purpose of Disbursement	CA 90254									
Campaign Consulting for Field Program Non Feder	ral Expense	001	Amount of Each I	Disbursement this Period						
Candidate Name		Category/	Amount of Lacif t							
		Type		312.50						
	ement For:									
Senate President	Primary General Other (specify)									
State: District:	Other (specify)									
SUBTOTAL of Disbursements This Page (optional)				8906.25						
, , , , , , , , , , , , , , , , , , ,				400504.00						
TOTAL This Period (last page this line number only	<i>y</i>)			100581.29						

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SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER:	PAGE 25 OF 64
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
	Detailed Summary Page	21b 27	22 23 28b	24 25 26 28c X 29 30b
Any information copied from such Reports and Stat	amonts may not be sold or use			
or for commercial purposes, other than using the n				
NAME OF COMMITTEE (In Full)				
Protecting Choice in California, a	project of Planned Pa	renthood A	Affiliates of Calit	fornia
Full Name (Last, First, Middle Initial)			Date of Disburseme	ant.
A. Lake Research Partners, Inc.				
Mailing Address 1726 M Street, NW, Suite 100			09 10	2014
City	State Zip Code		Transaction ID : E	VDD465
Washington	DC 20036		Transaction iD . E	AFB103
Purpose of Disbursement Non Monetary Donation to Planned Parenthood A Southwest (ID #C00011412)	Action Fund of the Pacific	012	Amount of Each Dis	sbursement this Period
Candidate Name		Category/ Type		8870.00
Office Sought: House Disburs Senate President	ement For: Primary General Other (specify)			
State: District:	Other (specify)			
Full Name (Last, First, Middle Initial)				
B. Lake Research Partners, Inc.			Date of Disburseme	ent / Y Y Y Y Y Y
Mailing Address 1726 M Street, NW, Suite 100			09 10	2014
City Washington	State Zip Code DC 20036		Transaction ID : E	EXPB169
Purpose of Disbursement Non Monetary Donation to Planned Parenthood	Action Fund of the Pacific	012	Amount of Foob Die	sbursement this Period
Southweet /ID #C00011412\ Candidate Name			Amount of Each Dis	spursement this Feriou
		Category/ Type		8870.00
Office Sought: House Disburs	ement For:	71		,
Senate	Primary General			
President	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial) C. Planned Parenthood Affiliates of	California		Date of Disburseme	ent
Flatified Fateritiood Affiliates of	California		M M / D D	/ Y Y Y Y
Mailing Address 555 Capitol Mall, Suite 510			09 11	2014
City	State Zip Code		Transaction ID : E	XPR188
Sacramento Purpose of Disbursement	CA 95814			- · · ·
Non Monetary Donation to Planned Parenthood A	Advocates Mar Monte (ID	012	Amount of Fools Die	alauma ama ama Alaia Dania d
#C90007311) Candidate Name		Category/ Type	Amount of Each Dis	sbursement this Period 3.71
Office Sought: House Disburs	ement For:			7
Senate	Primary General			
President	Other (specify) ▼			
State: District:				
SUBTOTAL of Disbursements This Page (optional)	······	7	17743.71
TOTAL This Period (last page this line number on	ly)	·····•		

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S	CHEDULE B (FEC Form 3X)		FOD LINE	NUMBER: PAGE 26 OF 64
	EMIZED DISBURSEMENTS	Use separate schedule(NOWIDEIT.
11	EIVIIZED DISDUNSEIVIEN IS	for each category of the	' \ \ \ \ \ \ \ \ \ \ \ 21h \ \	
		Detailed Summary Page	27	28a 28b 28c X 29 30b
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	for commercial purposes, other than using the nam			
\setminus	NAME OF COMMITTEE (In Full)			
	Protecting Choice in California, a p	roject of Planned I	Parenthood	Affiliates of California
//	Troteoting Choice in Camornia, a p	roject of Flamilea i	archinoca i	Annates of Camorna
	Full Name (Last, First, Middle Initial)			
Α.	Planned Parenthood Affiliates of Ca	alifornia		Date of Disbursement
				M M / D D / Y Y Y Y
	Mailing Address 555 Capitol Mall, Suite 510			09 11 2014
	City	State Zip Code		
	Sacramento	State Zip Code CA 95814		Transaction ID : EXPB190
	Purpose of Disbursement	33014		
	Non Monetary Donation to Planned Parenthood Act	ion Fund of the Pacific	012	Amount of Each Disbursement this Period
	Candidate Name			
			Category/ Type	26.92
	Office Sought: House Disbursen	nent For:	1	
	Senate	Primary General		
	President	Other (specify) ▼		
	State: District:			
	Full Name (Last, First, Middle Initial)			
В.	Planned Parenthood Affiliates of Ca	alifornia		Date of Disbursement
				M M / D D / Y Y Y Y
	Mailing Address 555 Capitol Mall, Suite 510			09 24 2014
	City	State Zin Code		
	City S Sacramento	State Zip Code CA 95814		Transaction ID : EXPB245
	Purpose of Disbursement	00014		
	Non Monetary Donation to Planned Parenthood Act	ion Fund of the Pacific	012	Amount of Each Disbursement this Period
	Candidate Name		Category/	
			Type	458.45
	Office Sought: House Disbursen	nent For:		
	Senate	Primary General		
	President	Other (specify) ▼		
	State: District:			
	Full Name (Last, First, Middle Initial)			
C.	Planned Parenthood Affiliates of Ca	alifornia		Date of Disbursement
	M. W. A.I.I.			M = M / D = D / Y = Y = Y
	Mailing Address 555 Capitol Mall, Suite 510			09 24 2014
	City	State Zip Code		
	-	CA 95814		Transaction ID : EXPB247
	Purpose of Disbursement			
	Non Monetary Donation to Planned Parenthood Adv	ocates Mar Monte (ID	012	Amount of Each Disbursement this Period
	Candidate Name		Category/	50.70
			Type	50.72
	Office Sought: House Disbursen			
		Primary General		
		Other (specify) ▼		
_	State: District:			
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۔ ا	NIPTOTAL (D)			536 NQ
٤	SUBTOTAL of Disbursements This Page (optional)		·····•	536.09
H	COTAL This Period (last page this line number only)			536.09

SCHEDULE B (FEC Form 3X)		FORTING	NUMBER: PAGE 27 OF 64
ITEMIZED DISBURSEMENTS	Use separate schedule(s	FOR LINE (check only	NOMBER:
II LIVIIZED DISDUNSEWEN IS	for each category of the	21b	22 23 24 25 26
	Detailed Summary Page	27	28a 28b 28c X 29 30b
Any information copied from such Reports and State	ements may not be sold or u	sed by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full)			
Protecting Choice in California, a	project of Planned P	arenthood	Affiliates of California
	, , , , , , , , , , , , , , , , , , ,		
Full Name (Last, First, Middle Initial)			Data of Diahams
A. Political Data, Inc.			Date of Disbursement
Mailing Address P.O. Box 59570			09 05 2014
aiiiiig / iddi 000 F.O. BOX 393/10			03 03 2014
City	State Zip Code		Transaction ID TVDD 40
Norwalk	CA 90652		Transaction ID: EXPB134
Purpose of Disbursement Non Monetary Donation to Planned Parenthood A	ction Fund of the Desifie	212	
Southwest (ID #CO0011412)	GUOTI FUTIU OF THE FACILIC	012	Amount of Each Disbursement this Period
Candidate Name		Category/	3750.00
Office Sought: House Disburse	ement For:	Туре	
Senate	Primary General		
President	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)			
B. Political Data, Inc.			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address P.O. Box 59570			09 05 2014
City	State Zip Code		
Norwalk	CA 90652		Transaction ID : EXPB140
Purpose of Disbursement			
Non Monetary Donation to Planned Parenthood A	ction Fund of the Pacific	012	Amount of Each Disbursement this Period
Candidate Name		Category/	327.00
Office Country	The second secon	Type	321.00
	ement For:		
Senate President	Primary General Other (specify) ▼		
State: District:	Strict (openity)		
Full Name (Last, First, Middle Initial)			
C. Political Data, Inc.			Date of Disbursement
			M M / D D / Y Y Y
Mailing Address P.O. Box 59570			09 05 2014
-			
City Norwalk	State Zip Code CA 90652		Transaction ID : EXPB135
Purpose of Disbursement	JA 90002		
Non Monetary Donation to Planned Parenthood A	dvocates Mar Monte	012	Amount of Each Disbursement this Period
(ID#C90007311) Candidate Name		Category/	
		Type	3750.00
	ement For:		
Senate	Primary General		
President Pictrict:	Other (specify) ▼		
State: District:			
SUPTOTAL of Dishuramenta This Dans (artists)			7827.00
SUBTOTAL of Disbursements This Page (optional)		·····	
TOTAL This Period (last page this line number only	/)		

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 28 OF 64
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	edule(s) (check only one)		
	Detailed Summary Page	21b	22 23 28b	24 25 26 28c X 29 30b
Any information copied from such Reports and Stater	lents may not be sold or us			
or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)				
$ \; angle$ Protecting Choice in California, a p	roject of Planned Pa	arenthood /	Affiliates of Cal	ifornia
Full Name (Last, First, Middle Initial)				
A. Wagaman Strategies			Date of Disbursem	nent
NA 35 - A 11			M M / D D	
Mailing Address 886 Metal Lane			09 08	2014
City	State Zip Code		Transaction ID :	EVDD452
West Sacramento	CA 95691		Transaction ID:	EXPB 133
Purpose of Disbursement Non Monetary Donation to Planned Parenthood Adv	vocates Mar Monte (ID	012	Amount of Each D	isbursement this Period
#Canno7311) Candidate Name		Category/	7 iniodnit of Edon B	iosarosmont tino i onca
		Type		312.50
Office Sought: House Disburser				
Senate President	Primary General Other (specify)			
State: District:	Other (specify)			
Full Name (Last, First, Middle Initial)				
B. James Wisley			Date of Disbursem	nent
Mailing Address (TTO T			M = M / D = D	
Mailing Address 1570 Prospect Avenue			09 10	2014
City	State Zip Code		Transaction ID :	FXPR180
Hermosa Beach Purpose of Disbursement	CA 90254		Transaction is .	EXI BIOC
Non Monetary Donation to Planned Parenthood Ac	ion Fund of the Pacific	012	Amount of Each D	isbursement this Period
Candidate Name		Category/		
		Type		541.66
Office Sought: House Disburser				
Senate President	Primary General Other (specify) ▼			
State: District:	Canon (opcomy)			
Full Name (Last, First, Middle Initial)				
C. James Wisley			Date of Disburserr	nent
Mailing Address 1570 Prospect Avenue			09 10	2014
Mailing Address 1570 Flospect Avenue			00 10	2014
,	State Zip Code		Transaction ID :	EXPB181
Hermosa Beach Purpose of Disbursement	CA 90254			
Non Monetary Donation to Planned Parenthood Adv	vocates Mar Monte (ID	012	Amount of Each D	isbursement this Period
#C90007311) Candidate Name		Category/	7 iniodni or Edon B	
		Туре		125.00
Office Sought: House Disburser Senate	nent For: Primary General			
President	Other (specify)			
State: District:	(-1 J) ▼			
SUBTOTAL of Disbursements This Page (optional)				979.16
TOTAL This David Continue at 1 Process				27085.96
TOTAL This Period (last page this line number only)				2.000.00

Excluding Loans

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29 OF

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64

NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailer AMS Communications, Inc. Mailing Address 500 Sansome Street, Suite 404 City State Zip Code CA San Francisco 94111 Transaction ID: PAYD282 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 15165.00 15165.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Polling; 9/1-9/30 Lake Research Partners, Inc. Mailing Address 1726 M Street, NW, Suite 100 City State Zip Code Washington DC 20036 Outstanding Balance Beginning This Period Transaction ID: PAYD108 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 1533.75 0.00 1533.75 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Polling; 9/1-9/30 Lake Research Partners, Inc. Mailing Address 1726 M Street, NW, Suite 100 City State Zip Code Washington DC 20036 Transaction ID: PAYD122 Outstanding Balance Beginning This Period 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 1533.75 1533.75 18232.50 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line)

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64

NAME OF COMMITTEE (In Full) Protecting Choice in California, a pro	pject of Planned Parenthood A	Affiliates of California
A. Full Name (Last, First, Middle Initial) of Debto Lake Research Partners, Inc.	Nature of Debt (Purpose): Polling; Costs to be reimbursed by Planned Parenthood Action Fund Pacific Southwest	
Mailing Address 1726 M Street, NW, Suite 100		
City State Washington	Zip Code DC 20036	
Outstanding Balance Beginning This Period 0.00		Transaction ID : PAYD257
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
6135.00	0.00	6135.00
B. Full Name (Last, First, Middle Initial) of Debtor		Nature of Debt (Purpose):
Planned Parenthood Affiliates of	f California	Research; 9/1 - 9/30
Mailing Address 555 Capitol Mall, Suite 510		
City State Sacramento	Zip Code CA 95814	
Outstanding Balance Beginning This Period		Transaction ID : PAYD295
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
9396.20	0.00	9396.20
C. Full Name (Last, First, Middle Initial) of Debtor Planned Parenthood Affiliates of		Nature of Debt (Purpose): Staff Time and Travel for Research; 9/1-9/30
Mailing Address 555 Capitol Mall, Suite 510		
City Sacramento	State Zip Code CA 95814	
Outstanding Balance Beginning This Period 0.00		Transaction ID : PAYD110
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
481.47	0.00	481.47
SUBTOTALS This Period This Page (optional)	>	16012.67
2) TOTALS This Period (last page this line number		
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page only) ▶	

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 31 OF
FOR LINE NUMBER:
(check only one)

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X	10

64

NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Internet for Field Office: 9/1-9/30 Planned Parenthood Affiliates of California Mailing Address 555 Capitol Mall, Suite 510 State Zip Code CA Sacramento 95814 Transaction ID: PAYD111 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 62.68 62.68 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Staff Time and Travel for Field Program; 9/1-Planned Parenthood Affiliates of California 9/30 Mailing Address 555 Capitol Mall, Suite 510 City State Zip Code Sacramento CA 95814 Outstanding Balance Beginning This Period Transaction ID: PAYD115 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 3684.35 0.00 3684.35 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Field Expenses for Canvassing Activities; 9/1-Planned Parenthood Affiliates of California 9/30 Mailing Address 555 Capitol Mall, Suite 510 City State Zip Code 95814 Sacramento CA Transaction ID: PAYD118 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 899 57 899.57 4646.60 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 32 CFOR LINE NUMBER: (check only one)

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NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Research: 9/1 - 9/30 Planned Parenthood Affiliates of California Mailing Address 555 Capitol Mall, Suite 510 State Zip Code CA Sacramento 95814 Transaction ID: PAYD296 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 9396.20 9396.20 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Staff Time and Travel for Research; 9/1-9/30 Planned Parenthood Affiliates of California Mailing Address 555 Capitol Mall, Suite 510 City State Zip Code Sacramento CA 95814 Outstanding Balance Beginning This Period Transaction ID: PAYD123 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 481.46 0.00 481.46 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Staff Time and Travel for Field Program; 9/1-Planned Parenthood Affiliates of California 9/30 Mailing Address 555 Capitol Mall, Suite 510 City State Zip Code 95814 Sacramento CA Transaction ID: PAYD124 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 3684.34 3684.34 13562.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

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PAGE 33 OF 64 FOR LINE NUMBER: 9 (check only one)

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AME OF COMMITTEE (In Full) Protecting Choice in California, a proj	ject of Pla	anned Parentho	ood Affiliates		
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor			Debt (Purpose):	
Planned Parenthood Affiliates of California			Field Exp 9/30	Field Expenses for Canvassing Activities; 9/1-9/30	
Mailing Address 555 Capitol Mall, Suite 510					
City State Sacramento	Zip Code CA	95814			
Outstanding Balance Beginning This Period		00011	Transac	tion ID : PAYD125	
0.00					
	De		Outstan	dina Dalamas at Class of This Davis	
Amount Incurred This Period	Pa	lyment This Period		ding Balance at Close of This Perio	
899.57		(0.00	899.57	
B. Full Name (Last, First, Middle Initial) of Debtor Planned Parenthood Affiliates of		a		Debt (Purpose): or Field Office; 9/1-9/30	
Mailing Address 555 Capitol Mall, Suite 510					
City State	Zip Code				
Sacramento	CA	95814			
Outstanding Balance Beginning This Period			Transa	ction ID : PAYD127	
0.00					
Amount Incurred This Period	Pa	yment This Period	Outstand	ding Balance at Close of This Perio	
62.69		C	0.00	62.69	
C. Full Name (Last, First, Middle Initial) of Debtor Planned Parenthood Affiliates of		ia		Debt (Purpose): oter Guide	
Mailing Address 555 Capitol Mall, Suite 510					
City	State	Zip Code			
Sacramento	CA	95814			
Outstanding Balance Beginning This Period			Transa	ction ID : PAYD262	
0.00					
Amount Incurred This Period	Pa	yment This Period	Outstand	ding Balance at Close of This Perio	
19.80		(0.00	19.80	
SUBTOTALS This Period This Page (optional)				982.06	
TOTALS This Period (last page this line number of	only)			7 7 7	
TOTAL OUTSTANDING LOANS from Schedule C	C (last page of	only)	>	7 7 7 7	
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Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 34 OF
FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)
Protecting Choice in California, a project of Planned Parenthood Affiliates of California

A. Full Name (Last, First, Middle Initial) of Debto	or or Creditor	Nature of Debt (Purpose):	
, , , , , , , , , , , , , , , , , , , ,	Non Monetary Donation to Planned		
Planned Parenthood Aniliates (Planned Parenthood Affiliates of California		
Mailing Address 555 Capitol Mall, Suite 510		Southwest (ID #C90011412)	
City State	Zip Code	_	
Sacramento	CA 95814		
Outstanding Balance Beginning This Period		Transaction ID : PAYD339	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
9877.73	0.00	9877.73	
B. Full Name (Last, First, Middle Initial) of Debtor	r or Creditor	Nature of Debt (Purpose):	
Planned Parenthood Affiliates of	f California	Non Monetary Donation to Planned Parenthood Action Fund of the Pacific Southwest (ID #C90011412)	
Mailing Address 555 Capitol Mall, Suite 510			
City State	Zip Code		
Sacramento	CA 95814		
Outstanding Balance Beginning This Period		Transaction ID : PAYD340	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
9877.73	0.00	9877.73	
C. Full Name (Last, First, Middle Initial) of Debto	or or Creditor	Nature of Debt (Purpose):	
Planned Parenthood Affiliates of	of California	Non Monetary Donation to Planned Parenthood Action Fund of the Pacific Southwest (ID #C90011412)	
Mailing Address 555 Capitol Mall, Suite 510			
City	State Zip Code		
Sacramento	CA 95814		
Outstanding Balance Beginning This Period		Transaction ID : PAYD460	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
769.18	0.00	769.18	
CURTOTAL C This Posted This Page (asting the		20524.64	
SUBTOTALS This Period This Page (optional)		20027.04	
TOTALS This Period (last page this line number	only)		
TOTAL OUTSTANDING LOANS from Schedule	C (last page only)		
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Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 35 OF
FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Non Monetary Donation to Planned Planned Parenthood Affiliates of California Parenthood Advocates Mar Monte (ID #C90007311) Mailing Address 555 Capitol Mall, Suite 510 State Zip Code CA Sacramento 95814 Transaction ID: PAYD461 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 214.07 214.07 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Staff Time Planned Parenthood Affiliates of California Mailing Address 555 Capitol Mall, Suite 510 City State Zip Code Sacramento CA 95814 Outstanding Balance Beginning This Period Transaction ID: PAYD462 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 355.40 0.00 355.40 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Campaign Consulting for Field Program; 9/1-Wagaman Strategies 9/30 Mailing Address 886 Metal Lane Zip Code City State West Sacramento 95691 CA Transaction ID: PAYD117 Outstanding Balance Beginning This Period 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 46 88 46.88 616.35 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Campaign Consulting for Field Program; 9/1-Wagaman Strategies 9/30 Mailing Address 886 Metal Lane State Zip Code West Sacramento CA 95691 Transaction ID: PAYD128 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 46.87 46.87 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Non Monetary Donation to Planned Wagaman Strategies Parenthood Action Fund of the Pacific Southwest (ID #C90011412) Mailing Address 886 Metal Lane City State Zip Code West Sacramento 95691 CA Outstanding Balance Beginning This Period Transaction ID: PAYD333 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 187.50 0.00 187.50 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Non Monetary Donation to Planned Wagaman Strategies Parenthood Advocates Mar Monte (ID #C90007311) Mailing Address 886 Metal Lane Zip Code City State West Sacramento 95691 CA Transaction ID: PAYD334 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 62 50 62.50 296.87 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 37 OF
FOR LINE NUMBER:
(check only one)

9 **X** 10

64

NAME OF COMMITTEE (In Full) Protecting Choice in California, a pro	eject of Planned Par	enthood A	Affiliates of California
A. Full Name (Last, First, Middle Initial) of Debto Wagaman Strategies	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Wagaman Strategies		
Mailing Address 886 Metal Lane	Mailing Address 886 Metal Lane		
City State West Sacramento	Zip Code CA 95691		
Outstanding Balance Beginning This Period 0.00			Transaction ID : PAYD405
Amount Incurred This Period	Payment This Pe	riod	Outstanding Balance at Close of This Period
62.50	,	0.00	62.50
B. Full Name (Last, First, Middle Initial) of Debtor James Wisley	or Creditor		Nature of Debt (Purpose): Campaign Consulting; 9/1-9/30
Mailing Address 1570 Prospect Avenue			-
City State Hermosa Beach	Zip Code CA 90254		
Outstanding Balance Beginning This Period 0.00			Transaction ID : PAYD116
Amount Incurred This Period 312.50	Payment This Pe	0.00	Outstanding Balance at Close of This Period 312.50
C. Full Name (Leet First Middle Initial) of Debt	v or Craditor		Nature of Data (Dunasca)
C. Full Name (Last, First, Middle Initial) of Debto James Wisley	or Greditor		Nature of Debt (Purpose): Campaign Consulting; 9/1-9/30
Mailing Address 1570 Prospect Avenue			
City Hermosa Beach	State Zip Code CA 90254		
Outstanding Balance Beginning This Period 0.00			Transaction ID : PAYD129
Amount Incurred This Period	Payment This Pe	riod	Outstanding Balance at Close of This Period
312.50	,,	0.00	312.50
1) SUBTOTALS This Period This Page (optional)		>	687.50
2) TOTALS This Period (last page this line number	only)		75561.19
3) TOTAL OUTSTANDING LOANS from Schedule	B) TOTAL OUTSTANDING LOANS from Schedule C (last page only)		
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last	page only) >	75561.19

PAGE 38 OF 64 FOR LINE 24 OF FORM 3X

				FOR LINE 24 OF FORM 3X	
NAME OF COMMITTEE (In Full) Protection Considering C					
Protecting Choice in California, a project of Planned Parenthood Affiliates of California					
Check if 24-hour report 48-hour report	ort New rep	ort Amends repo	ort filed o	on	
Full Name of Payee				Date of Public Distribution/Dissemination	
AMS Communications, Inc.				08 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 500 Sansome Street, Suite	404			Amount	
City	State	Zip Code		3900.00	
San Francisco	CA	94111	Т	Transaction ID : EDTEALC1 Date of Disbursement or Obligation	
Purpose of Expenditure Door Hangers		Category/ Type 24E		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate		Support	Office	Sought: X House District:26	
Julia Brownley		Oppose		President Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought		70388.48	Disbur 2014	sement For: Primary General	
				Other (specify) -	
Full Name of Payee Burketts				Date of Public Distribution/Dissemination	
Mailing Address 8520 Younger Creek Drive				08 01 2014 Amount	
City	State	Zip Code		191.65	
Sacramento	CA	95828	1	Transaction ID : PDTE32 Date of Disbursement or Obligation	
Purpose of Expenditure Office Expenses for Field Program; 8/1 - 8/3	1	Category/ Type 24E		08 01 2014	
Name of Federal Candidate		Support	Office	Sought: X House District: 26	
Julia Brownley		Oppose		President Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought		70388.48	Disbur 2014	resement For:	
(a) SUBTOTAL of Itemized Independent Exp	enditures		•	4091.65	
(b) SUBTOTAL of Unitemized Independent E	Expenditures		·· •		
(c) TOTAL Independent Expenditures			▶		
Under penalty of perjury I certify that the inc with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized				
Kathleen Cogan	[Electron	ically Filed] Date	M 12	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Signature					

PAGE	39	OF	64	
FOR L	INE 24	OF	FORM 3	X

	FOR LINE 24 OF FORM 3X				
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼					
Protecting Choice in California, a project of Planned Parenthood Affiliates of California					
Check if 24-hour report 48-hour report New report Amends report	filed on/ D D / Y Y Y Y Y				
Full Name of Payee	Date of Public Distribution/Dissemination				
Lake Research Partners, Inc.	09 01 2014				
Mailing Address 1726 M Street, NW, Suite 100	Amount				
City State Zip Code	4776.25				
Washington DC 20036	Transaction ID : PDTE13 Date of Disbursement or Obligation				
Purpose of Expenditure Polling; 9/1-9/30 Category/ Type 24E	09 01 / 2014				
Name of Federal Candidate Support C	Office Sought: X House District: 26				
Julia Brownley Oppose	President Senate State: CA				
Per Election for Office Sought 70388.48 2	Disbursement For: Primary General 014				
	Other (specify) -				
Full Name of Payee Lake Research Partners, Inc.	Date of Public Distribution/Dissemination				
Mailing Address 1726 M Street, NW, Suite 100	09 01 2014 Amount				
City State Zip Code	4776.25				
Washington DC 20036	Transaction ID : PDTE24 Date of Disbursement or Obligation				
Purpose of Expenditure Polling; 9/1-9/30 Category/ Type 24A	09 / 01 / 2014				
Name of Federal Candidate Support C	Office Sought: X House District:26				
Jeff Gorell Oppose	President Senate State: CA				
	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶				
(a) SUBTOTAL of Itemized Independent Expenditures	9552.50				
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures	•				
Under penalty of perjury I certify that the independent expenditures reported herein were no with, or at the request or suggestion of, any candidate or authorized committee or agent of e party committee) any political party committee or its agent.					
Kathleen Cogan [Electronically Filed] Date	12 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Signature					

PAGE	40	OF	64	
FOR L	INE 24	OF F	ORM	ЗХ

	FOR LINE 24 OF FORM 3X				
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼					
Protecting Choice in California, a project of Planned Parenthood Affiliates of California					
Check if 24-hour report 48-hour report New report Amends report filed	d on Mam / Dab / Yayayay				
Full Name of Payee	Date of Public Distribution/Dissemination				
Lake Research Partners, Inc. [MEMO ITEM]	09 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Mailing Address 1726 M Street, NW, Suite 100	Amount				
City State Zip Code	1533.75				
Washington DC 20036	Transaction ID : UPDTE13 Date of Disbursement or Obligation				
Purpose of Expenditure Polling; 9/1-9/30 Category/ Type 24E	09 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Name of Federal Candidate Support Offic	e Sought: X House District: 26				
Julia Brownley Oppose	President Senate State: CA				
Calendar Year-To-Date Per Election for Office Sought Disb 2014					
Tel Election of Cine Sought	U Other (specify) ►				
Full Name of Payee Lake Research Partners, Inc.	Date of Public Distribution/Dissemination 09 01 2014				
[MEMO ITEM] Mailing Address 1726 M Street, NW, Suite 100	09 01 2014				
1720 M Street, NVV, Suite 100	Amount				
City State Zip Code	1533.75				
Washington DC 20036	Transaction ID : UPDTE24 Date of Disbursement or Obligation				
Purpose of Expenditure Polling; 9/1-9/30 Category/ Type 24A	09 / 01 / 2014				
Name of Federal Candidate Support Office	ee Sought: X House District: 26				
Jeff Gorell Oppose	President Senate State: CA				
Calendar Year-To-Date Per Election for Office Sought Disb 2014	oursement For: Primary X General Other (specify) ▶				
(a) SUBTOTAL of Itemized Independent Expenditures					
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.					
Kathleen Cogan [Electronically Filed] Date	12 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Signature					

PAGE	41	OF	64
FOR I	LINE 24	OF I	FORM 3X

				FOR LINE 2	4 OF FORM 3X	
	NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood FEC IDENTIFICATION NUMBER ▼					
	Affiliates of California C C00556860					
Chec	k if 24-hour report 48-hour report New report	ort Amends repo		M = M / D = D /	Y = Y = Y = Y	
	ull Name of Payee Planned Parenthood Action Fund of Santa Barbara, Ventura and San Luis	s Obispo Counties, Inc.		of Public Distribution/	Dissemination 2014	
N	failing Address 518 Garden Street		Amou	unt		
	Chata.	7:- O			200.00	
- 1	State CA CA	Zip Code 93101		action ID : EDTEALC1 of Disbursement or C	-	
	urpose of Expenditure Staff Time; 9/1 - 9/30	Category/ Type 24A		09 01	2014	
N	ame of Federal Candidate	Cupport	Office Sough	nt: X House	District: 26	
٦	eff Gorell	Support Oppose	Presid		State: CA	
	Calendar Year-To-Date Per Election for Office Sought	70388.48	Disbursemer 2014	,	X General	
⊢				Other (specify)		
	full Name of Payee Planned Parenthood Action Fund of Santa Barbara, Ventura and San Li	uis Obispo Counties, Inc		of Public Distribution/	Dissemination 2014	
N	Mailing Address 518 Garden Street		Amou		2014	
	City State	Zip Code			200.00	
- 1	Santa Barbara CA	93101		action ID : EDTEALC: of Disbursement or C	20	
	Purpose of Expenditure Staff Time; 9/1 - 9/30	Category/ Type 24E		09 / 01 /	2014	
N	lame of Federal Candidate	Support	Office Sough	ht: X House	District: 26	
	Julia Brownley	Oppose	Presid		State: CA	
	Calendar Year-To-Date Per Election for Office Sought	70388.48	Disbursemer 2014	nt For: Primary Other (specify) ▶	X General	
(a)	SUBTOTAL of Itemized Independent Expenditures		· [7 1 7	400.00	
(b	SUBTOTAL of Unitemized Independent Expenditures		· [
(c)	TOTAL Independent Expenditures		· [1 49 1 49		
wit	der penalty of perjury I certify that the independent expenditures h, or at the request or suggestion of, any candidate or authorized rty committee) any political party committee or its agent.					
	Kathleen Cogan [Electron.	ically Filed] Date	12 /	02 / 201	4	
	Signature					

PAGE		OF	64
FOR L	INE 24	OF F	ORM 3X

	FOR LINE 24 OF FORM 3X			
NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood FEC IDENTIFICATION NUMBER ▼				
Affiliates of California	C C00556860			
Check if 24-hour report 48-hour report New report Amends report fi	iled on M M / D D / Y Y Y Y Y			
Full Name of Payee Planned Parenthood Affiliates of California	Date of Public Distribution/Dissemination			
	07 / 22 / 2014			
Mailing Address 555 Capitol Mall, Suite 510	Amount			
City State Zip Code	6486.06			
Sacramento CA 95814	Transaction ID : PDTE2 Date of Disbursement or Obligation			
Purpose of Expenditure Office Expenses for Field Program;7/1 - 7/31 Category/ Type 24E	07			
Name of Federal Candidate Support Of	ffice Sought: X House District: 26			
Julia Brownley Oppose	President Senate State: CA			
Odiolidai lodi lo Dato	isbursement For: Primary General			
Full Name of Payee	Other (specify)			
Planned Parenthood Affiliates of California	Date of Public Distribution/Dissemination 07 22 2014			
Mailing Address 555 Capitol Mall, Suite 510	Amount			
City State Zip Code	1532.28			
Sacramento CA 95814	Transaction ID : PDTE3 Date of Disbursement or Obligation			
Purpose of Expenditure Staff Time for Field Program; 7/1 - 7/31 Category/ Type 24E	07 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate Support O	iffice Sought: X House District: 26			
Julia Brownley Oppose	President Senate State: CA			
	isbursement For: Primary			
(a) SUBTOTAL of Itemized Independent Expenditures				
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eigenty committee) any political party committee or its agent.				
Kathleen Cogan [Electronically Filed] Date	12 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Signature				

PAGE	43	OF	64	
FOR L	NE 24	OF F	ORM	ЗХ

		FOR LINE 24 OF FORM 3X				
	NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood FEC IDENTIFICATION NUMBER ▼					
	Affiliates of California					
Chec	ck if 24-hour report 48-hour report New report Amends report	filed on				
F	Full Name of Payee Planned Parenthood Affiliates of California	Date of Public Distribution/Dissemination				
		07 22 / Y Y Y Y				
l N	Mailing Address 555 Capitol Mall, Suite 510	Amount				
	City State Zip Code	1179.98				
5	Sacramento CA 95814	Transaction ID : PDTE4 Date of Disbursement or Obligation				
	Purpose of Expenditure Travel for Field Program; 7/1 - 7/31 Category/ Type 24E	07				
١	Name of Federal Candidate Support	Office Sought: X House District: 26				
١	Julia Brownley Oppose	President Senate State: CA				
		Disbursement For: Primary X General				
H		Other (specify) -				
'	Full Name of Payee Planned Parenthood Affiliates of California	Date of Public Distribution/Dissemination				
1	Mailing Address 555 Capitol Mall, Suite 510	07 22 2014 Amount				
_	City State Zip Code	562.50				
	Sacramento CA 95814	Transaction ID : PDTE5 Date of Disbursement or Obligation				
	Purpose of Expenditure Campaign Consulting for Field Program; 7/1 - 7/31 Category/ Type 24E	07 22 2014				
1	Name of Federal Candidate Support	Office Sought:				
	Julia Brownley Oppose	President Senate State: CA				
		Disbursement For: ☐ Primary ☐ General Other (specify) ►				
(a	SUBTOTAL of Itemized Independent Expenditures	1742.48				
(b	SUBTOTAL of Unitemized Independent Expenditures					
(с	TOTAL Independent Expenditures	1 1 7 1 1 7 1 1 7				
wi	nder penalty of perjury I certify that the independent expenditures reported herein were not, or at the request or suggestion of, any candidate or authorized committee or agent of arty committee) any political party committee or its agent.					
	Kathleen Cogan [Electronically Filed] Date	12 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	Signature					

PAGE	44	OF	64
FOR I	INE 24	OF	FORM 3X

							FOR LINE 2	4 OF FORM 3X
NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood FEC IDENTIFICATION NUMB						ON NUMBER ▼		
Affilia	Affiliates of California					C	C00556860	
Check if	24-hour report 48-hour report	New repo	rt Am	ends repo	rt filed on	M = M	/ D = D /	Y = Y = Y
Full	Name of Payee anned Parenthood Affiliates of California				D	ate of Pub	olic Distribution/	Dissemination
	ing Address					07 ^M	22	2014
IVIAIII	555 Capitol Mall, Suite 510				A	mount		
City	Sta	ite 2	Zip Code					411.78
	ramento CA	١	95814				ID: PDTE35 bursement or C	bligation
	pose of Expenditure If Time; 7/22 - 7/31. No candidate exceeds \$200		Category/ Type	24E		07	22	2014
Nam	ne of Federal Candidate		Xs	Support	Office So	ought:	House	District:
Mult	tiple candidates			Oppose	Pre	esident	Senate	State:
	Calendar Year-To-Date		0.00			ment For:	Primary	X General
	Per Election for Office Sought		0.00		2014	Other (specify) ►	
	Name of Payee anned Parenthood Affiliates of Californ	nia			D	ate of Pul	blic Distribution/	Dissemination
						08	01	2014
Mail	ing Address 555 Capitol Mall, Suite 510				A	mount		
City	Sta	ate	Zip Code					4043.65
Sac	cramento C.	A	95814				ID: PDTE6 bursement or C	Obligation
	cose of Expenditure ce Expenses for Field Program;8/1-8/31		Category/ Type	24E		08	01 /	2014
Nam	ne of Federal Candidate		X	Support	Office So	ought:	X House	District: 26
Julia	a Brownley			Oppose	Pr	esident	Senate	State: CA
	Calendar Year-To-Date Per Election for Office Sought		70388.48	3	Disburse 2014	ment For:	Primary (specify)	K General
(a) S	UBTOTAL of Itemized Independent Expenditures				. [4455.43
(b) S	UBTOTAL of Unitemized Independent Expenditures.							
(a) T	OTAL Independent Europhituses				F			
(C) I	OTAL Independent Expenditures				•		7	
with,	r penalty of perjury I certify that the independent ex or at the request or suggestion of, any candidate or committee) any political party committee or its agen	authorized						
	Kathleen Cogan	[Electronic	cally Filed]	Date	M = M	/ 02	201	
Sig	gnature		-	24.0		-		

PAGE	45	OF	64	
FOR L	INE 24	OF	FORM	ЗХ

		FOR LINE 24 OF FORM 3X			
NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California					
Affiliates of California	Affiliates of California				
Check if 24-hour report 48-hour report New rep	port Amends report f	filed on M M M / D D / Y Y Y Y Y			
Full Name of Payee Planned Parenthood Affiliates of California		Date of Public Distribution/Dissemination			
		08 01 7 2014			
Mailing Address 555 Capitol Mall, Suite 510		Amount			
City State	Zip Code	2462.13			
Sacramento CA	95814	Transaction ID : PDTE7 Date of Disbursement or Obligation			
Purpose of Expenditure Staff Time for Field Program; 8/1 - 8/31	Category/ Type 24E	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate	X Support O	office Sought: X House District: 26			
Julia Brownley	Oppose	President Senate State: CA			
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary General			
		Other (specify) ▶			
Full Name of Payee Planned Parenthood Affiliates of California		Date of Public Distribution/Dissemination			
Mailing Address 555 Capitol Mall, Suite 510		08 01 2014 Amount			
City State	Zip Code	1819.00			
Sacramento CA	95814	Transaction ID : PDTE8 Date of Disbursement or Obligation			
Purpose of Expenditure Travel for Field Program; 8/1 - 8/31	Category/ Type 24E	08 / 01 / 2014			
Name of Federal Candidate	X Support O	Office Sought: X House District: 26			
Julia Brownley	Oppose	President Senate State: CA			
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary			
(a) SUBTOTAL of Itemized Independent Expenditures		4281.13			
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures	······				
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.					
Kathleen Cogan [Electron	nically Filed] Date	12 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Signature					

PAGE	46	OF	64	
FOR I	INE 24	OF	FORM	ЗХ

			FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood FEC IDENTIFICATION NU					
	ates of California	ned i arenthood	C C00556860		
Check i	f 24-hour report 48-hour report New rep	port Amends repor	t filed on / / /		
Full	Name of Payee anned Parenthood Affiliates of California		Date of Public Distribution/Dissemination		
			08 / 01 / 2014		
Mai	lling Address 555 Capitol Mall, Suite 510		Amount		
City	State	Zip Code	10.56		
Sac	cramento CA	95814	Transaction ID : PDTE34 Date of Disbursement or Obligation		
	pose of Expenditure line Voter Guide; 8/16 - 8/31	Category/ Type 24E	08		
Nar	me of Federal Candidate	Support	Office Sought: House District: 26		
Juli	ia Brownley	Oppose	President Senate State: CA		
	Calendar Year-To-Date Per Election for Office Sought	70388.48	Disbursement For: Primary X General 2014		
-			Other (specify) -		
P	Name of Payee lanned Parenthood Affiliates of California		Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	### Address 555 Capitol Mall, Suite 510				
			Amount		
City		Zip Code	9396.20 Transaction ID : PDTE39		
	cramento CA	95814	Date of Disbursement or Obligation		
	rpose of Expenditure search; 9/1 - 9/30	Category/ Type 24A	09 / 01 / Y Y Y Y Y Y Y		
Nai	me of Federal Candidate	Support	Office Sought:		
Jet	ff Gorell	Oppose	President Senate State: CA		
	Calendar Year-To-Date Per Election for Office Sought	70388.48	Disbursement For: Primary General 2014 General Other (specify) ▶		
(a) \$	SUBTOTAL of Itemized Independent Expenditures		10.56		
			7 7 7		
(b) \$	SUBTOTAL of Unitemized Independent Expenditures		•		
(c) T	FOTAL Independent Expenditures)		
with,	er penalty of perjury I certify that the independent expenditures or at the request or suggestion of, any candidate or authorized committee) any political party committee or its agent.				
	Kathleen Cogan [Electron	nically Filed] Date	12 / 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
S	ignature				

1mage# 14952929047 PAGE 47 / 64

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: SE Transaction ID: PDTE39

Payment for independent expenditure disseminated in prior period

Form/Schedule: Transaction ID:

PAGE	48	OF	64	
FOR I	LINE 24	OF	FORM	ЗХ

	FOR LINE 24 OF FORM 3X				
NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood FEC IDENTIFICATION NUMBER **The committee of the committee of					
Affiliates of California	C C00556860				
Check if 24-hour report 48-hour report New report Amends report filed	d on M M / D D / Y Y Y Y Y				
Full Name of Payee Planned Parenthood Affiliates of California	Date of Public Distribution/Dissemination				
[MEMO ITEM]	09 01 7 2014				
Mailing Address 555 Capitol Mall, Suite 510	Amount				
City State Zip Code	481.47				
Sacramento CA 95814	Transaction ID : PDTE14 Date of Disbursement or Obligation				
Purpose of Expenditure Staff Time and Travel for Research; 9/1-9/30 Category/ Type 24E	09 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Name of Federal Candidate Support Office	ce Sought: X House District: 26				
Julia Brownley Oppose	President Senate State: CA				
Calendar Year-To-Date Per Election for Office Sought Disb 2014	oursement For: Primary X General				
Per Election for Office Sought	U Other (specify) ▶				
Full Name of Payee Planned Parenthood Affiliates of California	Date of Public Distribution/Dissemination				
[MEMO ITEM] Mailing Address 555 Octaviol Mail Control 540	09 01 2014				
555 Capitol Mall, Suite 510	Amount				
City State Zip Code	3684.35				
Sacramento CA 95814	Transaction ID : PDTE15 Date of Disbursement or Obligation				
Purpose of Expenditure Staff Time and Travel for Field Program; 9/1-9/30 Category/ Type 24E	09 / 01 / 2014				
Name of Federal Candidate Support Office	ce Sought: X House District: 26				
Julia Brownley Oppose	President Senate State: CA				
Calendar Year-To-Date Per Election for Office Sought Dist 201	oursement For: Primary General Other (specify) ▶				
(a) SUBTOTAL of Itemized Independent Expenditures	0.00				
	7 7				
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7				
(c) TOTAL Independent Expenditures	7 7 7				
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.					
Kathleen Cogan [Electronically Filed] Date	12 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Signature					

1mage# 14952929049 PAGE 49 / 64

: 97 'A = G7 9 @ G B9 CI G'H9 LH F 9 @ 5 H9 8 'HC '5 'F 9 DC F HZ G7 < 98 I @ 'C F '+ H9 A = N5 H= C B

Form/Schedule: SE Transaction ID: PDTE14

Payment for independent expenditure disseminated in prior period

Form/Schedule: SE Transaction ID: PDTE15

PAGE	50	OF	64 DRM 3X
FOR L	INE 24	OF FO	ORM 3X

					FOR LINE	24 OF FORM 3X
NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood					EC IDENTIFICATI	ON NUMBER ▼
Affiliates of California					C C00556860	
Check if 24-hour report 48-hour report	New repo	ort Amends	report f	led on	M / D = D /	Y = Y = Y = Y
Full Name of Payee Planned Parenthood Affiliates of Californi	io.			Date of	Public Distribution	/Dissemination
[MEMO ITEM]				O	9 01 /	2014
Mailing Address 555 Capitol Mall, Suite 510				Amount		
City	State	Zip Code				62.68
Sacramento	CA	95814			ion ID : PDTE17 Disbursement or 0	Obligation
Purpose of Expenditure Internet for Field Office; 9/1-9/30		Category/ Type	24E	MOS	M / D D /	2014
Name of Federal Candidate		X Suppo	ort O	ffice Sought:	X House	District:26
Julia Brownley		Oppo	se	President	t Senate	State: CA
Calendar Year-To-Date Per Election for Office Sought	<u> </u>	70388.48		sbursement F	For: Primary er (specify) ▶	General
Full Name of Payee	, ,				Public Distribution	/Discomination
Planned Parenthood Affiliates of Cali	fornia			М		2014
Mailing Address 555 Capitol Mall, Suite 510				Amount		
City	State	Zip Code		- 1		899.57
Sacramento	CA	95814		1	ion ID : PDTE20 Disbursement or	Obligation
Purpose of Expenditure Supplies for Field Office; 9/1-9/30		Category/ Type	24E	M	9 01	2014
Name of Federal Candidate		X Supp	ort O	ffice Sought:	X House	District: 26
Julia Brownley		Орро	se	Presiden	t Senate	State: CA
Calendar Year-To-Date Per Election for Office Sought	7	70388.48		isbursement I 014 Oth	For: Primary er (specify)	y Seneral
(a) SUBTOTAL of Itemized Independent Expenditure	s		······ >		7 7	0.00
(b) SUBTOTAL of Unitemized Independent Expenditu	ures		······)		7 7	1 1 20 1
(c) TOTAL Independent Expenditures			······· >		4 4	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candidal party committee) any political party committee or its a	te or authorized					
Kathleen Cogan	[Electron	ically Filed]	Date	M M / 12	02 / 20	
Signature						

1mage# 14952929051 PAGE 51 / 64

: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: SE Transaction ID: PDTE17

Payment for independent expenditure disseminated in prior period

Form/Schedule: SE Transaction ID: PDTE20

PAGE	52	OF	64 ORM 3X
FOR L	INE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of F	FEC IDENTIFICATION NUMBER ▼	
Affiliates of California	C C00556860	
Check if 24-hour report 48-hour report Ne	ew report Amends report	filed on fil
Full Name of Payee		Date of Public Distribution/Dissemination
Planned Parenthood Affiliates of California [MEMO ITEM]		09 / 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 555 Capitol Mall, Suite 510		Amount
City State	Zip Code	19.80
Sacramento CA	95814	Transaction ID : PDTE41 Date of Disbursement or Obligation
Purpose of Expenditure Online Voter Guide; 9/1 - 9/30	Category/ Type 24E	09 01 2014
Name of Federal Candidate	X Support	Office Sought: X House District: 26
Julia Brownley	Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary X General 2014 Other (specify) ▶
Full Name of Payee	,	Date of Public Distribution/Dissemination
Planned Parenthood Affiliates of California		09 01 2014
Mailing Address 555 Capitol Mall, Suite 510		Amount
City State	Zip Code	481.46
Sacramento CA	95814	Transaction ID : PDTE25 Date of Disbursement or Obligation
Purpose of Expenditure Staff Time and Travel for Research; 9/1-9/30	Category/ Type 24A	09 / 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support	Office Sought: X House District: 26
Jeff Gorell	Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		0.00
(b) SUBTOTAL of Unitemized Independent Expenditures		>
(c) TOTAL Independent Expenditures		•
Under penalty of perjury I certify that the independent expend with, or at the request or suggestion of, any candidate or auth party committee) any political party committee or its agent.		
Kathleen Cogan [E	lectronically Filed] Date	12 02 / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
Signature		

1mage# 14952929053 PAGE 53 / 64

: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: SE Transaction ID: PDTE41

Payment for independent expenditure disseminated in prior period

Form/Schedule: SE Transaction ID: PDTE25

PAGE	54	OF	64
FOR I	INE 24	OF	FORM 3X

	FOR LINE 24 OF FORM 3X			
NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood FEC IDENTIFICATION NUMBER ▼				
Affiliates of California	C C00556860			
Check if 24-hour report 48-hour report New report Amends report file	d on M M / D D / Y Y Y Y Y			
Full Name of Payee	Date of Public Distribution/Dissemination			
Planned Parenthood Affiliates of California [MEMO ITEM]	09 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 555 Capitol Mall, Suite 510	Amount			
City State Zip Code	3684.34			
Sacramento CA 95814	Transaction ID : PDTE26 Date of Disbursement or Obligation			
Purpose of Expenditure Staff Time and Travel for Field Program; 9/1-9/30 Category/ Type 24A	09 01 / 2014			
Name of Federal Candidate Support Office	ce Sought: X House District: 26			
Jeff Gorell Oppose	President Senate State: CA			
Calendar Year-To-Date Per Election for Office Sought Disk 201				
	Other (specify) -			
Full Name of Payee Planned Parenthood Affiliates of California	Date of Public Distribution/Dissemination			
[MEMO ITEM] Mailing Address	09 01 2014			
555 Capitol Mall, Suite 510	Amount			
City State Zip Code	899.57			
Sacramento CA 95814	Transaction ID : PDTE27 Date of Disbursement or Obligation			
Purpose of Expenditure Supplies for Field Office; 9/1-9/30 Category/ Type 24A	09 / 01 / 2014			
Name of Federal Candidate Support Office	ce Sought: X House District: 26			
Jeff Gorell Oppose	President Senate State: CA			
Calendar Year-To-Date Per Election for Office Sought Disl 201	bursement For: Primary			
(a) SUBTOTAL of Itemized Independent Expenditures	0.00			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not n with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.				
Kathleen Cogan [Electronically Filed] Date	12 02 2014			
Signature				

1mage# 14952929055 PAGE 55 / 64

: 97 'A = G7 9 @ G5 B9 CI G'H9 LH F9 @ 5 H9 8 'HC '5 'F 9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H= C B

Form/Schedule: SE Transaction ID: PDTE26

Payment for independent expenditure disseminated in prior period

Form/Schedule: SE Transaction ID: PDTE27

PAGE	56	OF	64 DRM 3X
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	FOR LINE 24 OF FORM 3X			
NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood FEC IDENTIFICATION NUMB				
Affiliates of California	C C00556860			
Check if 24-hour report 48-hour report New report Amends report file	ed on Mam / Dab / Yayayay			
Full Name of Payee Planned Parenthood Affiliates of California	Date of Public Distribution/Dissemination			
[MEMO ITEM]	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 555 Capitol Mall, Suite 510	Amount			
City State Zip Code	62.69			
Sacramento CA 95814	Transaction ID : PDTE29 Date of Disbursement or Obligation			
Purpose of Expenditure Internet for Field Office; 9/1-9/30 Category/ Type 24A	09 / 01 / Y Y Y Y			
Name of Federal Candidate Support Off	fice Sought: X House District: 26			
Jeff Gorell Oppose	President Senate State: CA			
Calendar Year-To-Date Per Election for Office Sought Dis 201				
	Other (specify)			
Full Name of Payee Planned Parenthood Affiliates of California [MEMO ITEM]	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 555 Capitol Mall, Suite 510	Amount			
City State Zip Code	9396.20			
Sacramento CA 95814	Transaction ID : PDTE40 Date of Disbursement or Obligation			
Purpose of Expenditure Research; 9/1 - 9/30 Category/ Type 24E	09			
Name of Federal Candidate Support Off	fice Sought: X House District: 26			
Julia Brownley Oppose	President Senate State: CA			
	sbursement For: Primary			
(a) SUBTOTAL of Itemized Independent Expenditures	0.00			
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7			
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.				
Kathleen Cogan [Electronically Filed] Date	12 02 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Signature				

1mage# 14952929057 PAGE 57 / 64

: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: SE Transaction ID: PDTE29

Payment for independent expenditure disseminated in prior period

Form/Schedule: SE Transaction ID: PDTE40

PAGE	58	OF	64
FOR L	INE 24	OF	FORM 3X

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	IAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood FEC IDENTIFICATION NUMBER ▼					
	liates of California	iod i dioninood		C C00556860		
Check	x if 24-hour report 48-hour report New report	ort Amends repor	t filed on	M = M / D = D / Y = Y = Y		
	ull Name of Payee Political Data, Inc.		С	Date of Public Distribution/Dissemination		
				09 01 / 2014		
IV	ailing Address P.O. Box 59570		А	mount		
С	ity State	Zip Code		2202.00		
N	orwalk CA	90652		ansaction ID : PDTE16 Date of Disbursement or Obligation		
	urpose of Expenditure lata for Field Program; 9/1-9/30	Category/ Type 24E		09 01 2014		
N	ame of Federal Candidate	Support	Office S	ought: X House District: 26		
J	ulia Brownley	Oppose	Pr	resident Senate State: CA		
	Calendar Year-To-Date Per Election for Office Sought	70388.48	Disburse 2014	ement For: Primary ⊠ General Other (specify) ▶		
┢	ull Name of Payee			Date of Public Distribution/Dissemination		
	Political Data, Inc.			09 01 2014		
N	lailing Address P.O. Box 59570		A	Amount		
С	ity State	Zip Code		2202.00		
1	Norwalk CA	90652		ansaction ID : PDTE28 Date of Disbursement or Obligation		
	urpose of Expenditure Oata for Field Program; 9/1-9/30	Category/ Type 24A		09 01 / 2014		
N	ame of Federal Candidate	Support	Office S	lought: X House District: 26		
J	eff Gorell	X Oppose	P	resident Senate State: CA		
	Calendar Year-To-Date Per Election for Office Sought	70388.48	Disburse 2014	ement For: Primary ⊠ General Other (specify) ▶		
(a)	SUBTOTAL of Itemized Independent Expenditures		•	4404.00		
(b)	SUBTOTAL of Unitemized Independent Expenditures		· [
(c)	TOTAL Independent Expenditures		. [
				45 45 45		
witl	der penalty of perjury I certify that the independent expenditures n, or at the request or suggestion of, any candidate or authorized ty committee) any political party committee or its agent.					
	Kathleen Cogan [Electroni	ically Filed] Date	12	/ 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	Signature					

PAGE	59	OF	64	
FOR I	LINE 24	OF	FORM 3	3X

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood	FEC IDENTIFICATION NUMBER ▼
Affiliates of California	C C00556860
	M = M / D = D / Y = Y = Y
Check if 24-hour report 48-hour report New report Amends report filed	
Full Name of Payee Wagaman Strategies	Date of Public Distribution/Dissemination
	08 01 2014
Mailing Address 886 Metal Lane	Amount
City State Zip Code	843.75
West Sacramento CA 95691	Transaction ID : PDTE33 Date of Disbursement or Obligation
Purpose of Expenditure Campaign Consulting for Field Program; 8/1 - 8/31 Category/ Type 24E	08 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	ce Sought:
Julia Brownley Oppose	President Senate State: CA
70000 40	oursement For: Primary X General
Per Election for Office Sought 70388.48 2014	Other (specify)
Full Name of Payee Wagaman Strategies	Date of Public Distribution/Dissemination
[MEMO ITEM] Mailing Address 886 Metal Lane	09
000 ivietai Larie	Amount
City State Zip Code	46.88
West Sacramento CA 95691	Transaction ID: PDTE18 Date of Disbursement or Obligation
Purpose of Expenditure Campaign Consulting for Field Program; 9/1-9/30 Category/ Type 24E	09 01 2014
Name of Federal Candidate Support Office	ce Sought: X House District: 26
Julia Brownley Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought Disk 201	oursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	843.75
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Butc	12 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

1mage# 14952929060 PAGE 60 / 64

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: SE Transaction ID: PDTE18

Payment for independent expenditure disseminated in prior period

Form/Schedule: Transaction ID:

PAGE	61	OF	64	
FOR LI	NE 24	OF F	ORM 3X	
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ENTIFI	CATIO	N NUN	IBER ▼	٦

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Protecting Choice in California, a project of Planned Parenthood Affiliates of California	C C00556860
	M = M / D = D / Y = Y = Y
Check if 24-hour report 48-hour report New report Amends report file	
Full Name of Payee Wagaman Strategies	Date of Public Distribution/Dissemination
[MEMO ITEM]	09 01 2014
Mailing Address 886 Metal Lane	Amount
City State Zip Code	46.87
West Sacramento CA 95691	Transaction ID : PDTE30 Date of Disbursement or Obligation
Purpose of Expenditure Campaign Consulting for Field Program; 9/1-9/30 Category/ Type 24A	09 01 2014
Name of Federal Candidate Support Offi	ice Sought: X House District: 26
Jeff Gorell Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought Dis 201	
	U Other (specify) ►
Full Name of Payee James Wisley	Date of Public Distribution/Dissemination
Mailing Address 1570 Prospect Avenue	08 01 2014 Amount
City State Zip Code	145.84
Hermosa Beach CA 90254	Transaction ID : EDTEALC2 Date of Disbursement or Obligation
Purpose of Expenditure Campaign Consulting; 8/1 - 8/31 Category/ Type 24E	09 / 10 / 2014
Name of Federal Candidate Support Off	ice Sought: X House District: 26
Julia Brownley Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought Dis 201	sbursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	145.84
(b) SUBTOTAL of Unitemized Independent Expenditures	
	7 7
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
Kathleen Cogan [Electronically Filed]	12 02 2014
Signature Date	

1mage# 14952929062 PAGE 62 / 64

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: SE Transaction ID: PDTE30

Payment for independent expenditure disseminated in prior period

Form/Schedule: Transaction ID:

PAGE	63	OF	64 DRM 3X
FOR L	INE 24	OF FO	ORM 3X

	FOR LINE 24 OF FORM 3X			
NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood FEC IDENTIFICATION NUMBER ▼				
Affiliates of California	C C00556860			
Check if 24-hour report 48-hour report New report Amends report file	ed on Mam / Dab / Yayayay			
Full Name of Payee	Date of Public Distribution/Dissemination			
James Wisley [MEMO ITEM]	09 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 1570 Prospect Avenue	Amount			
City State Zip Code	312.50			
Hermosa Beach CA 90254	Transaction ID : PDTE19 Date of Disbursement or Obligation			
Purpose of Expenditure Campaign Consulting; 9/1-9/30 Category/ Type 24E	09 01 2014			
Name of Federal Candidate Support Office	ice Sought: X House District: 26			
Julia Brownley Oppose	President Senate State: CA			
Calendar Year-To-Date Per Election for Office Sought Disl 201	bursement For: Primary ☐ General Other (specify) ▶			
Full Name of Payee James Wisley [MEMO ITEM] Mailing Address 1570 Prospect Avenue	Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City State Zip Code	312.50			
Hermosa Beach CA 90254	Transaction ID : PDTE31 Date of Disbursement or Obligation			
Purpose of Expenditure Campaign Consulting; 9/1-9/30 Category/ Type 24A	09 / 01 / 2014			
Name of Federal Candidate Support Offi	ice Sought: X House District: 26			
Jeff Gorell Oppose	President Senate State: CA			
Calendar Year-To-Date Per Election for Office Sought Dis 201	bursement For: Primary General Other (specify)			
(a) SUBTOTAL of Itemized Independent Expenditures	0.00			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures	37945.68			
Under penalty of perjury I certify that the independent expenditures reported herein were not r with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.				
Kathleen Cogan [Electronically Filed] Date	12 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Signature				

1mage# 14952929064 PAGE 64 / 64

: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: SE Transaction ID: PDTE19

Payment for independent expenditure disseminated in prior period

Form/Schedule: SE Transaction ID: PDTE31